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**FAX TRANSMISSION****DATE:** May 28, 2008**PTO IDENTIFIER:** Application Number 10/779,681-Conf. #8546  
Patent Number**Inventor:** Jin KIM**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** BIRCH, STEWART, KOLASCH & BIRCH, LLP  
Esther H. Chong**PHONE:** (703) 205-8000**Attorney Dkt. #:** 0465-1747PUS1**PAGES (Including Cover Sheet):** 5**CONTENTS:** Fax Cover Sheet (1 page)  
Certificate of Transmission (1 page)  
Fee Transmittal (1 page)  
Notice of Appeal (1 page)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
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PTO/SB/97 (09-04)

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Application No. (if known): 10/779,681

Attorney Docket No.: 0465-1747PUS1

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|   |      |  |  |
|---|------|--|--|
| Effective on 12/08/2004,<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2008</b> |      | Complete if Known<br>Application Number 10/779,681-Conf. #8546<br>Filing Date February 18, 2004<br>First Named Inventor Jin KIM<br>Examiner Name K. K. Chu<br>Art Unit 2627<br>Attorney Docket No. 0465-1747PUS1 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |      |  |  |
| TOTAL AMOUNT OF PAYMENT   | (\$) | 1,440.00   |  |

|   |  |
|---|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |  |
| <input type="checkbox"/> Check<br><input checked="" type="checkbox"/> Deposit Account<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> Money Order<br><input type="checkbox"/> None<br><input type="checkbox"/> Other (please identify): | Deposit Account Number: 02-2448<br>Deposit Account Name: Birch, Stewart, Koltsch & Birch, LLP<br>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Credit any overpayments |

|   |                     |   |                                |                                  |                         |                              |                       |
|---|---------------------|---|--------------------------------|----------------------------------|-------------------------|------------------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                                |                                  |                         |                              |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                                |                                  |                         |                              |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>             |                                  | <b>EXAMINATION FEES</b> |                              |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>                | <b>Small Entity Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b> |
| Utility   | 310                 | 155   | 510                            | 255                              | 210                     | 105                          |                       |
| Design  | 210                 | 105   | 100                            | 50                               | 130                     | 65                           |                       |
| Plant   | 210                 | 105   | 310                            | 155                              | 160                     | 80                           |                       |
| Reissue   | 310                 | 155   | 510                            | 255                              | 620                     | 310                          |                       |
| Provisional   | 210                 | 105   | 0                              | 0                                | 0                       | 0                            |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                                |                                  |                         |                              |                       |
| <b>Fee Description</b>  | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            |                                |                                  |                         |                              |                       |
| Each claim over 20 (including Reissues)   | 50                  | 25  |                                |                                  |                         |                              |                       |
| Each independent claim over 3 (including Reissues)  | 210                 | 105   |                                |                                  |                         |                              |                       |
| Multiple dependent claims   | 370                 | 185   |                                |                                  |                         |                              |                       |
| <b>Total Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>           | <b>Multiple Dependent Claims</b> |                         |                              |                       |
| 22  | 34                  | x   |                                | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>    |                              |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                                |                                  |                         |                              |                       |
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>           |                                  |                         |                              |                       |
| 8   | 11                  | x   |                                |                                  |                         |                              |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                                |                                  |                         |                              |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                                |                                  |                         |                              |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(n)(1)(G) and 37 CFR 1.16(s). |                     |   |                                |                                  |                         |                              |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b>             |                         |                              |                       |
|   | 100                 | /50 =   | (round up to a whole number) x |                                  |                         |                              |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                                |                                  |                         |                              |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                                | <b>Fees Paid (\$)</b>            |                         |                              |                       |
| Other (e.g., late filing surcharge): 1401 Notice of appeal  |                     |   |                                | 510.00                           |                         |                              |                       |
| 1253 Extension for response within third month  |                     |   |                                | 930.00                           |                         |                              |                       |

|                     |                     |                                   |                |
|---------------------|---------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                     |                                   |                |
| Signature           | <i>Esther Chong</i> | Registration No. (Attorney/Agent) | 40,953         |
| Name (Print/Type)   | Esther H. Chong     | Telephone                         | (703) 205-8000 |
|                     |                     | Date                              | May 28, 2008   |

Birch, Stewart, Koltsch &amp; Birch, LLP

EHC/JSH/jmc